Exhibit C

Case 2: 16-md-02744-DML-DRG ECF No. 705-4 Page ID.31264 Filed 02/12/21 Page 2 of 5 POLICE ACCIDENT REPORT (NYC) MV-104AN (7/11) Accident No Complaint MV-2017-069-000258 Number ✓ AMENDED REPORT Day of Week Accident Date MilitaryTime No. of Vehicle No. Injured No. Killed Left Scene Police Photos Not Investigated at Scene Month ☐ Yes ✓ No Reconstructed ____ 2017 WEDNESDAY 15:20 2 0 1 **VEHICLE** VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN VEHICLE - Driver State of Lic VEHICLE - Driver State of Lic License ID Number License ID Number 21 Driver Name -exactly Driver Name - exactly as printed on license as printed on license Address (Include Number & Street) Apt. No. Address (Include Number & Street) Apt. No. City or Town State Zip Code City or Town State Zip Code 22 Public Property Damaged Unlicensed Unlicensed Date of Birth Sex No. of Date of Birth Month Sex No. of Occupants Day Occupants Day 1 Property Year Damaged Name-exactly as printed on registration Date of Birth Month Name-exactly as printed on registration Sex Date of Birth Month Day Yea Day Year Address (Include Number & Street) Apt. No. Apt. No Haz Address (Include Number & Street) Haz Released 4 Mat. 1 Code Code City or Town State Zip Code City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Ticket/Arrest 1 Number(s) Number(s) Violation Violation Section(s) Section(s) Check if involved vehicle is Check if involved vehicle is: Circle the diagram below that describes the accident, or draw your own ☐more than 95 inches wide; ☐more than 34 feet long; ☐operated with an overweight permit; more than 95 inches wide; 6 diagram in space #9. Number the vehicles. 1 more than 34 feet long; Rear End Left Turn Right Angle Right Turn operated with an overweight permit;
operated with an overdimension permit F E AR operated with an overdimension permit н 3 **VEHICLE 1 DAMAGE CODES VEHICLE 2 DAMAGE CODES** 26 Sideswipe Left Turn Right Turn Sideswipe (opposite C Box 1 - Point of Impact 2 C 2 (same direction) Box 1 - Point of Impact Box 2 - Most Damage Box 2 - Most Damage 1 E Enter up to three 3 4 5 Enter up to three more Damage Codes 4 ACCIDENT DIAGRAM more Damage Codes 2 Vehicle Vehicle By 2 Towed: To To DIAGRAM ATTACHED ON SUBSEQUENT PAGE VEHICLE DAMAGE CODING: 2 SIDE SWIPE (SAME DIR) 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15 TRAILER 18. NO DAMAGE **OVERTURNED** 19. OTHER 16. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine ☐ Yes 10 Reference Marker Coordinates (if available) Place Where Accident Occurred: ■ BRONX ☑ KINGS ■ NEW YORK ■ QUEENS ☐ RICHMOND Latitude/Northing: Road on which accident occurred 9714 SEAVIEW AVENUE 40.634033 (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) Longitude/Easting: -73.88933 Miles (Milepost, Nearest Intersecting Route Number or Street Name) Accident Description/Officer's Notes OPERATOR OF VEHICLE 1 WAS PRESUMABLY RUN OVER BY HIS OWN CAR DUE TO IT 30 NOT BEING IN PARK. OPERATOR OF VEHICLE 1 WAS REMOVED TO BROOKDALE HOSPITAL BY EMS. OPERATOR OF VEHICLE 1 WAS PRONOUNCED DOA IN ER. **** AMEND DETAILS **** THIS PEDESTRIAN'S DEATH OCCURRED ON PRIVATE PROPERTY. THE CAUSE OF THE COLLISION WAS A MECHANICAL DEFECT FROM A MANUFACTURE SAFETY RECALL THAT WASN'T CORRECTED. THIS PEDESTRIAN Date of Death Only 15 16 17 TO 18 Names of all involved Officer's Rank Tax ID No. NCIC No. Precinct Reviewing Post/Sector Date/Time Reviewed and POM Signature 02/16/2017 09:53 951435 03030 069 SGT LAUREN J Print Name ODESSA SHELDON J WHITE in Full

Case, 2:16-md-02744-DML-DRG ECF No. 705-4, Page ID.31265 Filed 02/12/21 Page 3 of 5 POLICE ACCIDENT REPORT (NYC) MV-104AN (7/11) Accident No. Complaint MV-2017-069-000258 ✓ AMENDED REPORT Number Accident Date Day of Week MilitaryTime No. of Vehicles No. Injured No. Killed Left Scene Police Photos Not Investigated at Scene Month Day T Yes ✓ No Reconstructed 15 2017 WEDNESDAY 2 15:20 0 1 VEHICLE. VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN VEHICLE - Driver State of Lic. VEHICLE - Driver State of Lic. License ID Number License ID Number 21 Driver Name -exactly Driver Name - exactly as printed on license as printed on license Address (Include Number & Street) Apt. No. Address (Include Number & Street) Apt. No. City or Town State Zip Code City or Town State Zip Code 22 Date of Birth Month Sex Unlicensed No of Public Date of Birth Month Unlicensed No. of Occupants Day Occupants Property Damaged Day Property 1 Damaged Date of Birth Month Name-exactly as printed on registration Sex Name-exactly as printed on registration Sex Date of Birth Month Day Yea Day Year Address (Include Number & Street) Apt. No. Haz Address (Include Number & Street) Apt. No Haz Mat Mat Code 1 Code City or Town State Zip Code City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Make Ins. Code Vehicle Type Ticket/Arrest Ticket/Arrest 1 Number(s) Number(s) Violation Violation Section(s) Section(s) Check if involved vehicle is: Check if involved vehicle is: Circle the diagram below that describes the accident, or draw your own more than 95 inches wide; more than 34 feet long; more than 95 inches wide; diagram in space #9. Number the vehicles more than 34 feet long; 1 Rear End Left Turn Right Angle Right Turn operated with an overweight permit;
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Case 2:16-m	d-02744-D OR INJURED	ML-DRG ECIN ACCIDENT (LO	CF No. 705- etter designation	4, Page of persons	eID.312 killed or in	266 File	ed 02/12 correspond	2/21 F with letter	Page 4 of 5 designation on front	
Last Name		First	M.I.	Last Nam				First	М.	
Address			, z	Address						
Date of Birth Month Day	Year	Telephone (Area Code)		Date of Birt Month		, I Y	Telep	ohone (Area	Code)	
Last Name		() First	M.I.	Last Name			(irst)	, M.I	
Address				Address		•				
Date of Birth Month Day	Year	Telephone (Area Code)		Date of Birt Month		/ Y	Telep	ohone (Area	Code)	
Last Name		First	M.I.	Highway D	ist. at Scene	? \[\text{Yes} \])		
Address				Name:						
Date of Birth Month Day	Year	Telephone (Area Code)		*					Shield No.	
ENTER INSURANCE	POLICY NUM	BER FROM INSU	RANCE IDENTI	FICATION	CARD, E	XPIRATIO	N DATE (II	N ALL CA	ASES), AND VIN.	
Vehicle No				Vehicle N	No					
Expiration Date					Expiration Date					
VIN				VIN						
WITNESS (Attach se	parate sheet,	if necessary)	Addres			,	•		N	
- Traine			Addres						Phone	
					*					
DUPLICATE COPY F	REQUIRED FO	R:							*	
Dept. of Motor Ve	☐ NYC Taxi & Limousine Comm. ☐ Other City Agency (if a Licensed taxi or limousine (Specify)									
Office of Comptroller (if a City vehicle involved) Personnel Safety Unit (if a P.D. vehicle involved)				involved) Highway Unit						
NOTIFICATIONS: (E		ess, and relationship	of friend or relativ	e notified. If	aided pers	son is unider	ntified, list M	lissing Per	son Squad member w	
	2							9		
PROPERTY DAMAG	ED (other then	vehicles)		OWNED	OF PROF	SEDTY (in a				
PROPERTY DAMAGED (other than vehicles)					OWNER OF PROPERTY (include city agency, where applicable)					
				\(\frac{1}{2}\)	u.					
IF NYPD VEHICLE IS										
Police Vehicle —Operate	or's First Name	Last Name		Rank	Sh	nield No.	Tax ID. No.		Command	
Make of Vehicle	Year	Type of Vehicle	Plate No.			Dept. Vehicle	No.	Assigned	To What Command	
Equipment in Use At Time of Siren	of Accident Horn	Turret Light	4-Way Flasi	ner 🔲 H	ligh-Level \	Warning Ligh	nts 🔲 Traffi	ic Cones	☐ Headlights	
ACTIONS OF POLIC	E VEHICLE									
Responding to	Complying with Station House Directive									
☐ Pursuing Viola☐ Other (Describ						Routine Par	trol			

Side Swipe (same dir): MV-2017-069-000258 Reporting Officer: POM SHELDON J WHITE

Reviewing Officer: SGT LAUREN J ODESSA Reviewed Date: 02/16/2017 09:53



Vehicle 2